

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
09 APR 21 PM 12:04

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Mark Pryor for US Senate

ADDRESS (number and street)

Post Office Box 2720

☐

Check if different than previously reported. (ACC)

Little Rock

AR

72203

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00366401

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

AR

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kevin Kennedy

Signature of Treasurer

Electronically Filed by

Kevin Kennedy

Date

04

14

2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

FE5AN018

290201925582

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Mark Pryor for US Senate

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	19000.00	20250.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19000.00	20250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	79007.55	158482.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	1776.96	2776.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77230.59	155705.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2144591.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Mark Pryor for US Senate

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

250.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

250.00

from individuals..... ▶

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

19000.00

20000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

19000.00

20250.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING
EXPENDITURES

(Refunds, Rebates, etc.).....

1776.96

2776.96

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

33533.84

36681.68

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

54310.80

59708.64

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79007.55	158482.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	16600.00	20600.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	95607.55	179082.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2185888.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	54310.80
25. SUBTOTAL (add Line 23 and Line 24).....	2240199.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95607.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2144591.95

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.		Full Name (Last, First, Middle Initial) ASSOCIATION OF AMERICAN RAILROADS PAC		Date of Receipt MM / DD / YYYY 03 / 17 / 2009	
Mailing Address 50 F Street N.W.				Transaction ID: C3280380	
City Washington State DC Zip Code 20001				Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00280743					
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
B.		Full Name (Last, First, Middle Initial) BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (Date of Receipt MM / DD / YYYY 03 / 20 / 2009	
Mailing Address P.O. Box 961039 Suite 220				Transaction ID: C3308890	
City Fort Worth State TX Zip Code 76161				Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00235739					
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
C.		Full Name (Last, First, Middle Initial) CIBA SPECIALTY CHEMICALS CORPORATION EMPLOYEE GOOD		Date of Receipt MM / DD / YYYY 03 / 17 / 2009	
Mailing Address % Peter Moser, Ciba Spec. Chem. 540 White Plains Road				Transaction ID: C3280375	
City Tarrytown State NY Zip Code 10591				Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00326033					
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
SUBTOTAL of Receipts This Page (optional)				8000.00	
TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6/34
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CSX CORPORATION GOOD GOVERNMENT FUND</p> <p>Mailing Address 1331 Pennsylvania Avenue NW Suite 560</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C C00163832</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 20 / 2009</p> <p>Transaction ID: C3308892</p> <p>Amount of Each Receipt this Period 5000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) INTERNATIONAL SIGN ASSOCIATION POLITICAL ACTION CO</p> <p>Mailing Address 1001 N. Fairfax St. Suite 301</p> <p>City Alexandria State VA Zip Code 22314</p> <p>FEC ID number of contributing federal political committee. C C00387928</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 01 / 02 / 2009</p> <p>Transaction ID: C3171305</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND</p> <p>Mailing Address Three Commercial Place</p> <p>City Norfolk State VA Zip Code 23510</p> <p>FEC ID number of contributing federal political committee. C C00009282</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 20 / 2009</p> <p>Transaction ID: C3308888</p> <p>Amount of Each Receipt this Period 5000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ► 11000.00</p> <p>TOTAL This Period (last page this line number only) ► 19000.00</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Media Strategies & Research

Mailing Address 318 Massachusetts Avenue, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2014

☒ Primary
☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1679.23

Date of Receipt

MM / DD / YYYY
03 / 02 / 2009

Transaction ID: C3279655

Amount of Each Receipt this Period

1679.23

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Reimbursement for Ad Buys

B.

Full Name (Last, First, Middle Initial)

One Banc

Mailing Address P.O. Box 34113

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2014

☒ Primary
☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1168.67

Date of Receipt

MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C3425914

Amount of Each Receipt this Period

97.73

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Refund - Misprinted Checks

SUBTOTAL of Receipts This Page (optional) ▶

1776.96

TOTAL This Period (last page this line number only) ▶

1776.96

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First National Bank Of Crossett</p> <p>Mailing Address 218 Main Street</p> <p>City State Zip Code Crossett AR 71635</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 10959.34</p>	<p>Date of Receipt MM / DD / YYYY 01 / 02 / 2009</p> <p>Transaction ID: C3232657</p> <p>Amount of Each Receipt this Period 2823.76</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) First National Bank Of Crossett</p> <p>Mailing Address 218 Main Street</p> <p>City State Zip Code Crossett AR 71635</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 10959.34</p>	<p>Date of Receipt MM / DD / YYYY 02 / 02 / 2009</p> <p>Transaction ID: C3265628</p> <p>Amount of Each Receipt this Period 2839.04</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) First National Bank Of Crossett</p> <p>Mailing Address 218 Main Street</p> <p>City State Zip Code Crossett AR 71635</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 10959.34</p>	<p>Date of Receipt MM / DD / YYYY 03 / 02 / 2009</p> <p>Transaction ID: C3277781</p> <p>Amount of Each Receipt this Period 2571.37</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ►</p> <p>TOTAL This Period (last page this line number only) ►</p>	

29020192589

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First Security Bank</p> <p>Mailing Address Post Office Box 17770</p> <p>City State Zip Code Little Rock AR 72222</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4550.86</p>	<p>Date of Receipt 03 / 30 / 2009</p> <p>Transaction ID: C3507673</p> <p>Amount of Each Receipt this Period 4550.86</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Liberty Bank Of Arkansas</p> <p>Mailing Address PO Box 7415</p> <p>City State Zip Code Jonesboro AR 72403</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 20100.54</p>	<p>Date of Receipt 02 / 24 / 2009</p> <p>Transaction ID: C3426005</p> <p>Amount of Each Receipt this Period 20100.54</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) One Banc</p> <p>Mailing Address P.O. Box 34113</p> <p>City State Zip Code Little Rock AR 72203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1168.67</p>	<p>Date of Receipt 01 / 31 / 2009</p> <p>Transaction ID: C3265068</p> <p>Amount of Each Receipt this Period 178.01</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

24829.41

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

One Banc

Mailing Address P.O. Box 34113

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2014

☒ Primary
☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1168.67

Date of Receipt

MM / DD / YYYY
02 / 28 / 2009

Transaction ID: C3277773

Amount of Each Receipt this Period

150.04

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

One Banc

Mailing Address P.O. Box 34113

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2014

☒ Primary
☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1168.67

Date of Receipt

MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C3425911

Amount of Each Receipt this Period

320.22

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

470.26

TOTAL This Period (last page this line number only)

33533.84

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 34

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Arkansas Department of Workforce Services</p> <p>Mailing Address 2 Capitol Mall State Capitol</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Unemployment Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D212915</p> <p>Date of Disbursement MM / DD / YYYY 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 698.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D212905</p> <p>Date of Disbursement MM / DD / YYYY 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 354.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement HQ Phone - Final</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D212906</p> <p>Date of Disbursement MM / DD / YYYY 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 62.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ►</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020192592

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A. Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213312</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 144.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213877</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 681.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D219519</p> <p>Date of Disbursement MM / DD / YYYY 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 486.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

FESAN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020192593

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 5410 Landers Road</p> <p>City Sherwood State AR Zip Code 72117</p> <p>Purpose of Disbursement Computer Repair</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D219513</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 269.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 5410 Landers Road</p> <p>City Sherwood State AR Zip Code 72117</p> <p>Purpose of Disbursement Computer Hardware</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D219514</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1141.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Christian Ministerial Alliance</p> <p>Mailing Address 401 West Markham</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Ticket for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212912</p> <p>Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.	Full Name (Last, First, Middle Initial) Clear Mountain	Transaction ID: D212916 Date of Disbursement 01 / 22 / 2009
	Mailing Address 3201 Elm Street	Amount of Each Disbursement this Period 83.47
	City Little Rock State AR Zip Code 72204	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Clear Mountain	Transaction ID: D219517 Date of Disbursement 03 / 20 / 2009
	Mailing Address 3201 Elm Street	Amount of Each Disbursement this Period 80.81
	City Little Rock State AR Zip Code 72204	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Daniel McCormick, CPA	Transaction ID: D214093 Date of Disbursement 03 / 10 / 2009
	Mailing Address 220 S School Ave	Amount of Each Disbursement this Period 160.00
	City Fayetteville State AR Zip Code 72701-5955	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)		324.28
TOTAL This Period (last page this line number only)		

29020192595

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
Mark Pryor for US Senate

<p>A. Full Name (Last, First, Middle Initial) Daniel McCormick, CPA</p> <p>Mailing Address 220 S School Ave</p> <p>City Fayetteville State AR Zip Code 72701-5955</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214085</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 800.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Conference Luncheon Fund</p> <p>Mailing Address United States Senate</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213318</p> <p>Date of Disbursement MM / DD / YYYY 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Kevin Druff</p> <p>Mailing Address 12039 Cottage Creek Court</p> <p>City Richmond State VA Zip Code 23233</p> <p>Purpose of Disbursement Website, domain names</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D219522</p> <p>Date of Disbursement MM / DD / YYYY 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 363.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

29020192596

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Just Communities Of Central AR</p> <p>Mailing Address 1400 West Markham Suite 405</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Tickets for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D247769</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 5039 Connecticut Avenue, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Database Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D213313</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 5039 Connecticut Avenue, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Address Updates in Database</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D212904</p> <p>Date of Disbursement MM / DD / YYYY 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 221.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 2421.51</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) One Banc</p> <p>Mailing Address P.O. Box 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Bank, Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D212919</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) One Banc</p> <p>Mailing Address P.O. Box 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Bank, Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D247765</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) One Banc</p> <p>Mailing Address P.O. Box 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Checks</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213879</p> <p>Date of Disbursement 02 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 155.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) One Banc</p> <p>Mailing Address P.O. Box 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Bank, Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213880</p> <p>Date of Disbursement MM / DD / YYYY 02 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Schimanski and Associates</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D214084</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Schimanski and Associates</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D219511</p> <p>Date of Disbursement MM / DD / YYYY 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
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FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020192599

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.		Full Name (Last, First, Middle Initial) Schimanski and Associates		Transaction ID: D219520 Date of Disbursement MM / DD / YYYY 03 / 24 / 2009	
Mailing Address		420 C Street, NE		Amount of Each Disbursement this Period 150.00	
City Washington		State DC		Zip Code 20002	
Purpose of Disbursement Fund. Exp.- Room Rental		Candidate Name		003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:					
B.		Full Name (Last, First, Middle Initial) Schimanski and Associates		Transaction ID: D212901 Date of Disbursement MM / DD / YYYY 01 / 02 / 2009	
Mailing Address		420 C Street, NE		Amount of Each Disbursement this Period 15000.00	
City Washington		State DC		Zip Code 20002	
Purpose of Disbursement Fundraising Consultant		Candidate Name		003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:					
C.		Full Name (Last, First, Middle Initial) The Arkansas Democratic Black Caucus		Transaction ID: D212907 Date of Disbursement MM / DD / YYYY 01 / 22 / 2009	
Mailing Address		12 Keo Drive		Amount of Each Disbursement this Period 600.00	
City Little Rock		State AR		Zip Code 72206	
Purpose of Disbursement Tickets and Ad		Candidate Name		012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:					
SUBTOTAL of Disbursements This Page (optional)				15750.00	
TOTAL This Period (last page this line number only)					

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020192600

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Senate Restaurants</p> <p>Mailing Address 1st and C Streets, N.W.</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213308</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 337.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Senate Restaurants</p> <p>Mailing Address 1st and C Streets, N.W.</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D219510</p> <p>Date of Disbursement MM / DD / YYYY 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 465.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Senate Restaurants</p> <p>Mailing Address 1st and C Streets, N.W.</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213878</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 664.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.	Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: D214091
	Mailing Address Internal Revenue Service	Date of Disbursement
	City State Zip Code Memphis TN 37501	<div> <div>MM/DD/YYYY</div> <div>03/10/2009</div> </div>
	Purpose of Disbursement	Amount of Each Disbursement this Period
	Taxes	<div> <div>22349.00</div> </div>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	<div> <div>001</div> <div>Category/ Type</div> </div>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: D219515
	Mailing Address Internal Revenue Service	Date of Disbursement
	City State Zip Code Memphis TN 37501	<div> <div>MM/DD/YYYY</div> <div>03/20/2009</div> </div>
	Purpose of Disbursement	Amount of Each Disbursement this Period
	Payroll Tax	<div> <div>517.59</div> </div>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	<div> <div>001</div> <div>Category/ Type</div> </div>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: D247767
	Mailing Address Internal Revenue Service	Date of Disbursement
	City State Zip Code Memphis TN 37501	<div> <div>MM/DD/YYYY</div> <div>03/13/2009</div> </div>
	Purpose of Disbursement	Amount of Each Disbursement this Period
	Payroll Taxes	<div> <div>186.00</div> </div>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	<div> <div>001</div> <div>Category/ Type</div> </div>
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
	SUBTOTAL of Disbursements This Page (optional) ▶	<div> <div>23052.59</div> </div>
	TOTAL This Period (last page this line number only) ▶	<div> <div></div> </div>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.	Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: D212913 Date of Disbursement 01 / 28 / 2009
	Mailing Address Internal Revenue Service	Amount of Each Disbursement this Period 5175.94
	City Memphis State TN Zip Code 37501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: D212914 Date of Disbursement 01 / 28 / 2009
	Mailing Address Internal Revenue Service	Amount of Each Disbursement this Period 112.00
	City Memphis State TN Zip Code 37501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Mrs. Joan Vehik	Transaction ID: D214083 Date of Disbursement 03 / 10 / 2009
	Mailing Address 12 Blue Ridge Circle	Amount of Each Disbursement this Period 869.25
	City Little Rock State AR Zip Code 72207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Admin/FEC Consulting	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)		6157.19
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Mrs. Joan Vehik

Mailing Address 12 Blue Ridge Circle

City Little Rock State AR Zip Code 72207

Purpose of Disbursement
Admin/FEC Consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D213320

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Mrs. Joan Vehik

Mailing Address 12 Blue Ridge Circle

City Little Rock State AR Zip Code 72207

Purpose of Disbursement
Admin/FEC Consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D213321

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

869.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

One Banc Visa

Mailing Address P.O. Box 34113

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Credit Card Bill

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D211973

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3972.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5842.19

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O 582880</p> <p>City Kansas City State MO Zip Code 64195</p> <p>Purpose of Disbursement Travel Exp. - Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D211987</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 399.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address P.O. Box 20537</p> <p>City Atlanta State GA Zip Code 30320-2537</p> <p>Purpose of Disbursement Travel Exp - Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D211988</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 376.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Green Mountain Coffee</p> <p>Mailing Address 33 Coffee Lane</p> <p>City Waterbury State VT Zip Code 05676</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D211986</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 74.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 5101 Northwest Drive</p> <p>City Saint Paul State MN Zip Code 55111-3034</p> <p>Purpose of Disbursement Travel Exp.- Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211985</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 297.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) One Banc Visa</p> <p>Mailing Address P.O. Box 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Finance fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211990</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 91.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Capital Grille 800</p> <p>Mailing Address 601 Pennsylvania Avenue, NW</p> <p>City Washington State DC Zip Code 20004-2601</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211981</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 140.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A. Full Name (Last, First, Middle Initial) The International Found.- Natl. Prayer Breakfast</p> <p>Mailing Address Post Office Box 23813</p> <p>City Washington State DC Zip Code 20026</p> <p>Purpose of Disbursement Tickets for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211984</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) U.S. Senate Restaurants</p> <p>Mailing Address 1st and C Streets, N.W.</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211974</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 34.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address 700 South Bowman Road</p> <p>City Little Rock State AR Zip Code 72212</p> <p>Purpose of Disbursement Food, Beverage, Supplies for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211976</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 183.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Windows Catering Company

Mailing Address 5724 General Washington Drive

City

Alexandria

State

VA

Zip Code

22312

Purpose of Disbursement

Catering for Event

Candidate Name

007

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2014

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: D211983

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

1518.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

One Banc Visa

Mailing Address P.O. Box 34113

City

Little Rock

State

AR

Zip Code

72203

Purpose of Disbursement

Credit Card Bill

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2014

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: D213285

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

8534.52

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address P.O 582880

City

Kansas City

State

MO

Zip Code

64195

Purpose of Disbursement

Travel Exp.-Airfare

Candidate Name

002

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2014

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: D213300

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

70.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

8534.52

TOTAL This Period (last page this line number only) ▶

29020192608

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement Cell Phone Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D213287</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 139.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brasserie Beck</p> <p>Mailing Address 1101 K Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D213302</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 144.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 14th Street, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Catering for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D213298</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 752.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020192609

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Green Mountain Coffee</p> <p>Mailing Address 33 Coffee Lane</p> <p>City Waterbury State VT Zip Code 05676</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213303</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 138.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hilton Hotel</p> <p>Mailing Address 1919 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20009-5701</p> <p>Purpose of Disbursement Travel Exp.- Hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213297</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2743.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 5101 Northwest Drive</p> <p>City Saint Paul State MN Zip Code 55111-3034</p> <p>Purpose of Disbursement Travel Exp.- Airline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213288</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A. Full Name (Last, First, Middle Initial) One Banc Visa Travel</p> <p>Mailing Address 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Travel and Sustenance - unitemized</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213306</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 52.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Presidential Inaugural Committee</p> <p>Mailing Address 3300 C St SE</p> <p>City Washington State DC Zip Code 20019-2418</p> <p>Purpose of Disbursement Tickets for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213291</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2664.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 6100 Arlington Blvd</p> <p>City Falls Church State VA Zip Code 22044-2901</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213296</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 285.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

29020192611

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

The Capital Grille 800

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004-2601

Purpose of Disbursement
Food and Beverage

Candidate Name

007

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D213290

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

352.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

One Banc Visa

Mailing Address P.O. Box 34113

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Credit Card Bill

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D213939

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

3714.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Brasserie Beck

Mailing Address 1101 K Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Catering for Event

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D213946

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

971.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

3714.30

29020192612

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Green Mountain Coffee</p> <p>Mailing Address 33 Coffee Lane</p> <p>City Waterbury State VT Zip Code 05676</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D213951</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 138.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hilton Hotel</p> <p>Mailing Address 1919 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20009-5701</p> <p>Purpose of Disbursement Travel Expense - Hotel Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D213952</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period -2.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Monocle on Capitol Hill</p> <p>Mailing Address 107 D Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Catering for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D213948</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1931.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020192613

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

One Banc Visa Travel

Mailing Address 34113

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Travel and Sustenance-unitemized

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D214124

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

18.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Target

Mailing Address 6100 Arlington Blvd

City
Falls Church

State
VA

Zip Code
22044-2901

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D213945

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

45.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

77407.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Democratic Senatorial Campaign Committee

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D247756

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

UAMS Foundation Fund

Mailing Address 4301 West Markham Street, Slot 716

City Little Rock State AR Zip Code 72205

Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D212918

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

1500.00

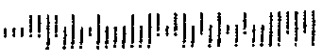
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SUBTOTAL of Disbursements This Page (optional) ▶

16500.00

TOTAL This Period (last page this line number only) ▶

16500.00



77 1838

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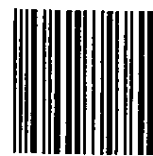
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SUPERINTENDENT

HART SENATE OFFICE BUILDING
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PHONE: (202) 224-0322

United States Senate

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